some time back received a proposal from the Stock Exchange, Mumbai seeking permission for expansion of its On Line Trading terminals to locations outside Mumbai on a national level. The objectives of the proposal were, inter alia, to increase the volume of trading in securities, to provide a more direct and transparent access to investors outside Mumbai to the Online trading facility of the Exchange and to bring down the cost of transactions in securities.

(b) The Board of SEBI in its meeting held on 29th October, 1996 took a decision to permit the Stock Exchange, Mumabi and other Exchanges to expand their online screen based trading terminals to areas outside the place where the concerned Exchange is located, subject to certain conditions. This decision was conveyed to all the Stock Exchanges by SEBI vide a letter dated 30th October, 1996.

Banking Facilities in Rural Sector

2500. SHRIMATI JAYANTI PATNAIK: Will the Minister of FINANCE be pleased to state:

(a) whether Government have a proposal to enhance banking facilities in the rural sector;

(b) whether Government propose to revive the Regional Rural Banks (RRBs) which are falling sick;

(c) if so, the sick RRB's identified for revival;

(d) the net loss sustained by thse RRBs each; and

(e) the fund earmarked for the revival of sick RRBs?

THE MINISTER OF STATE IN THE MINISTRY OF FINANCE (SHRI M.P. VEERENDRA KUMAR): (a) With a view to providing institutional mechanisms for promoting rural savings as well as for the provision of credit for viable economic activities in the local areas, Governemnt have decided to allow the establishment of new local banks in the private sector. This is expected to bridge the gaps in credit availability and enhance the institutional frame work in the rural and semi urban areas.

(b) and (c) As a part of restructuring of Regional Rural Banks (RRBs), Government have provided budgetary support for recapitalisation of RRBs on a "Stand alone" basis. While 49 RRBs were taken up for equity support in 1994-95, 53 RRBs were recapitalised during the year 1995-96. During the current year, 17 more RRBs have been provided equity support so far, besides giving additional equity support to some of RRBs already covered.

(d) The information is being collected and will be laid on the Table of the House.

(e) An amount of Rs. 150 corres was released by the Government in the year 1994-95 as its share of equity support to select RRBs. During 1995-96, an amount of Rs. 223.57 crores was provided by the Government for the purpose. During the current year, as on 28.02.1997, an amount of Rs. 125 crores has been released to RRBs. The balance provision of Rs. 75 crores is likely to be released during the current year itself. Further, a budgetary provision of Rs. 270 crores has been made for recapitalisation of RRBs during the year 1997-98.

Benefits of Service to the Personnel in the Armed Forces Deputed in Foreign Countries Testing HIV Positive

2501. SHRI JALALUDIN ANSARI: SHRI N. GIRI PRASAD:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that some of the personnel in the armed/para-military/ security forces who have been deputed in foreign countries in the past few years have tested HIV positive;

(b) if so, the details thereof and whether these infected individuals are continuing in service and are extended all service benefits i.e. promotion in case they are physically fit, or their services have been terminated; and

(c) what is the World Health Organisation's policy about discrimination against HIV infrected individuals who are in service and what is the policy of Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) Yes, Sir.

(b) The requisite details are as under:—

(i) *Armed Forces:*

Out of the 26 personnel found HIV positive among troops returned from UN Mission in Combodia during 1993, only 7 are serving. 5 personnel have deserted and remaining 14 have taken discharge voluntarily on extreme compassionate grounds. One service person also had acquired HIV infection during a tenure of duty at Botswana.

(ii) Paramilitary forces:

The only one person from Central Reserve Police Force on deputation to Combodia during 1993 was found HIV positive. He is presently in active service.

(iii) *Security forces:*

Out of 125 Border Security Force personnel on UNTAC duty to Combodia, only one case was found to be HIV positive.

These HIV positive individuals are entitled to all service benefits including promotions, without any discrimination.

(c) World Health Organisation advocates no discrimination against HIV positive individuals who are in service. The resolution adopted by the Forty-first World Health Assembly in Geneva on 13th May, 1988 entitled, "WHO against AIDS discrimination" is annexed as statmement. (*See* below).

As per the policy of the Government of India. persons infected with HIV are not discriminated. They are treated as any other patient in all hospitals in the country.

Statement

World Health Organization Global Programme on AIDS

WHO against AIDS discrimination

The Forty-first World Health Assembly adopted resolution WHA41.24 in Geneva on 13 May 1988

Avoidance of discrimination in relation to HIV-infected people and people with AIDS

The Forty-first World Health Assembly.

Recalling resolution WHA on the global strategy for the prevention and control of AIDS, Economic and Social Council resolution 1987/75, and United Nations General Assembly resolution 42/8 on the prevention and control of AIDS;

Endorsing the London declaration on AIDS Prevention unanimoulsy adopted on 28 January 1988 by the World Summit of Ministers of Health on Programmes for AIDS Prevention;

Recognizing that AID'S is a global problem which poses serious threat to humanity, and that urgent and world wide action is required to implement WHO's global strategy to combat it;

Acknowledging with deep appreciation the work of WHO, through the Global Programme on AIDS, in directing and coordinating the global strategy.

Nothing the medical, ethical, legal, socioeconomic, cultural and psychological implications of AIDS prevention and control programmes;

Recognizing the responsibility of Member states to safeguard the health of everyone and to control the spread of

HIV infection through their national policies and programmes, taking into account their epidemiological situation, and in conformity with the global strategy;

Bearing in mind the responsibility of individuals not to put themselves or others at risk of infection with HIV;

Strongly convinced that respect for the human rights and dignity of HIV-infected people and people with AIDS, and of members of population groups, is vital to the success of national AIDS prevention and control programmes and of the global strategy;

1. URGES member states, particularly inn devising and carrying out national programmes fôr the prevention and control of HIV infection and AIDS.

(1) to foster a spirit of understanding and compassion for HIV-infected people and people with AIDS through information, education and social support programmes;

(2) to protect the human rights and dignity of HIV-infected people and people with AIDS, and of members of population groups, and to avoid discriminatory action against and stigmatization of them in the provision of services, employment and travel;

(3) to ensure the confidentially of HIV testing and to promote the availability of confidential counselling and other support services to HIV-infected people and people with AIDS;

(4) to include in any reports to WHO on national AIDS strategies information on measures being taken to protect the human rights and dignity of HIV-infected people and people with AIDS;

2. CALLS ON all governmental. nongovernmental and international organizations and voluntary bodies engaged in AIDS control programmes to ensure that their programmes take fully into account the health needs of all people as well as the health needs and dignity of HIV-infected people and people with AIDS;

3. REQUESTS THE director-General:

(1) to take all measures necessary to advocate the need to protect the human rights and dignity of HIV-infected people and people with AIDS, and of members of population groups;

(2) to collaborate with all relevant governmental, nongovernmental and international organizations and voluntary bodies in emphasizing the importance to the global strategy for the prevention and control of AIDS of avoiding discrimination against HIV-infected people and people with AIDS;

(3) to stress to Meembers states and to all others concerned the dangers to the health of everyone of discriminatory action against and stigmatization of HIV-infected people and people with AIDS, and members of population groups, by continuing to provide accurate information on AIDS and guidance on its prevention and control;

(4) to report annually to the Health Assembly through the Executive Board on the implementation of this resolution.

Network to Check and Detect Cases of Adulteration of Milk

2502. SHRI K.M. KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether some repeated instructions have been issued to the State Health Authorities from time to time to expand their network of checks and detect cases of adulteration of milk and resort to prosecution measures;